

APPENDIX 32

Recertification of Family Income and Composition Statistical Report

Section 235(b), (j) and (i)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No 2502-0082



Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0082), Washington, D.C. 20503.

The information requested is required by P.L. 479, 48 Stat. U.S.C. 1701 et seq. Failure to provide the requested information may result in loss of assistance payment. Important: See instructions before completing this statistical report.

A. Income Adjustment

	Income
1. Total annual income (6(a) form HUD-93101)	\$ _____
(a) Less: 5% of Total Annual Income	\$ _____
(b) Less: Earnings of Eligible Minors	\$ _____
(c) Less: Eligible Minors ($\frac{1}{2}$ x \$300)	\$ _____
2. Adjusted Annual Income	\$ _____
3. Adjusted Monthly Income (No. 2, above ÷ 12)	\$ _____
4. Date of Mortgage insurance. <small>(Comments related to Block B, Item 8)</small>	

B. Assistance Computation

	Payments
1. Current Full Monthly Mortgage Payment	\$ _____
2. 20% or 28% of Adjusted Monthly Income (A.M.I.)	\$ _____
3. Formula (1) for Mo. Subsidy (1 minus 2)	\$ _____
4. Monthly Payment (Principal & Int. + MIP)	\$ _____
5. Minus Mo. Payment ($P - 1 @ \frac{1}{12}$)	% \$ _____
6. Formula (2) for Mo. Sub. (4 minus 5) <small>(May be derived from Factor Tables, HUD Handbook 4330.1, Appendix 1B)</small>	\$ _____
7. Assist. Payment Audit (lesser of 3 or 6)	\$ _____
8. Mortgagor's Monthly Payment (1 minus 7)	\$ _____
9. Number in Household (Item 6, HUD-93101)	

C. Statistical Data

1. FHA Case Number (Col. 1-14)	2. Family Type (Item 8, HUD-93101)(Col. 17)	3. Age of Head (Item 8, HUD-93101)(Col. 18-19)	
	<input type="checkbox"/> Husband and Wife <input type="checkbox"/> Female Head with Children <input type="checkbox"/> Single Head with Children <input type="checkbox"/> Female Head without Children <input type="checkbox"/> Other (Single Head, no children, unattached household, etc.)		
4. Sex of Head (Item 8, HUD-93101)(Col. 20x5). New Payment st. (check, V one) (Col. 53)	5. Amount of increase or decrease (Col. 54-58)	7. Effective Date of Payment Change (Mth / YY) (Col. 57-60)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Change	<input type="checkbox"/> None	\$ _____	
8. New Assistance Formula (Col. 81)	9. How many times has the mortgagor recertified? (Col. 82-83)	10. Continued Eligibility (Col. 84)	11. Mortgagor Number (Col. 86-79)
1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Mail to:

Dept. of Housing and Urban Development
Information Policies and Systems
Data Entry Support Branch - Room 7149
451 7th St., SW
Washington, D.C. 20410

Review and Certifications: I certify that the information above is based on a recertification on form HUD-93101, signed by at least one of the mortgagors, which is retained in our files. The information provided by the mortgagors has been verified before being used in the assistance calculations above.

Signature

Date

Instructions

Use this form to report significant data resulting from Section 235 recertifications of income, family composition, and occupancy. Prepare one copy of this form for each mortgage for which a recertification was processed and a confirmed change in assistance payments made (or the requirement for continuation of the same amount of assistance verified.) Send the forms as soon as processing is completed, to the address above.

Sections A and B are provided for your convenience and their use is not required. However you choose to perform the computations, you must be prepared to support the results. A copy of this form, or the computations if performed elsewhere, must be placed in the mortgagor's case file.

Statistical Data: (Numbering corresponds to the column used to record each item.)
1. Enter the complete FHA Case Number.

5-8. When dollar amounts are entered, round all figures to the nearest whole dollar and leave any blank spaces to the left of the numbers.

10. Check "Yes" if the mortgagor remains entitled to any assistance whatsoever; "No" if either Formula One or Two produces assistance of zero or less.

11. The Mortgagor Number must be entered since it is the only identification of the mortgagor appearing on the report. The number is the ten-digit code number assigned at the time of your approval as mortgagor.

Previous Edition is Obsolete

Form HUD-93101-A (3/90)
Ref. Handbook 4330.1